## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-18-07</u>	Address:	320 West Niblack Road	
Case #:	35 <u>F26418</u>		Vincemes, IN	
County;	<u>Knox</u>			
Type of La	boratory Seizure (check one)	Seizure Location (	Location (check all that apply)	
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Cutbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
<u>Items Four</u>	id: Location (bedroom, kitchen, open at	r, ete)	· ·	
(check all that apply)  Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
☐ Flammable Solvents: Kitchen/porch				
Water Reactive Metal (Lithium): Porch				
Anhydrous Ammonia: out of back door				
☐ Hydrochloric Acid Gas Generator(s):				
Corrosive Acid: kitchen				
Corrosive Base:				
Other (i	tem and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephediin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip 	
This report	is to be faxed to the following agen	cies that serve the le	ocation;	
Fire Departs	ment: <u>Vincennes TW</u> P	Fax: 8128824261		
Health Depa	Health Department: Knox Co		32- <u>5625</u>	
Child Protec	ction Service:	I'ax:	-	
	information regarding this methampho g Officer: <u>Deputy Charles Helderman</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.